Technical Information Systems
(Division of American Hoechst)
AKA Azoplate
558 Central Avenue
Murray Hill, Union County Center

Technical Information Systems, formely known as Azoplate (Attachment E) was located at the Murray Hill site until 1981 when this facility was phased out and moved to Branchburg Township, Somerset County (Attachment D).

The company was involved in manufacturing photoresist and printing plates and produced various wastes including phenolic resins and diazo compounds. These wastes were stored in underground tanks on site. No known leakage of these tanks has occurred.

The company also had a NJPDES permit to discharge into Central Branch Salt Brook (NJPDES # NJ0003140).

A medium priority is given to the site because of the potential of the underground tanks to have leaked and contaminated groundwater and soil.

Submitted by:

Robert K. Beretsky
HSMS IV

15 hrs.
RKB/dlh

Preliminary Assessment

Technical Information Systems
(Division of American Hoechst)
AKA Azoplate
558 Central Avenue
Murray Hill, Union County

EPA

POTENTIAL HAZARDOUS WASTE SITE. PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION
01 STATE | 02 SITE NUMBER

II. SITE NAME AND LOCATION

01 SITE NAME	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
Technical Information Systams	558 Central Avenue

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Murray Hill	NJ	07974	Union		

09 COORDINATES LATITUDE	LONGITUDE	
40° 41' 53"	74° 24' 11"	Block 222 Lot 2

10 DIRECTIONS TO SITE (Starting from nearest public road)
From Trenton take Rt 206N to 22E. Take the New Providence exit and follow signs for New Providence. Look for Mountain Avenue and make a right. Go to the next light and make a left (South St.). Go on to Central Avenue and make a left.

III. RESPONSIBLE PARTIES

Technical Info Systems is now occupied by BARD Med. Systems on left.

01 OWNER (If known)	02 STREET (Business, mailing, residential)
Technical Information Systems	50 Meister Avenue

03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
Somerville	NJ	08876	( )

07 OPERATOR (If known and different from owner)	08 STREET (Business, mailing, residential)
Technical Information Systems	50 Meister Avenue

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
Somerville	NJ	08876	( )

13 TYPE OF OWNERSHIP (Check one)
☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL
☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)
☐ A. RCRA 3001 DATE RECEIVED: ___/___/___ (MONTH DAY YEAR) ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: ___/___/___ (MONTH DAY YEAR) ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION
☒ YES ☐ NO DATE 7 / 13 / 81 (MONTH DAY YEAR)

BY (Check all that apply)
☐ A. EPA ☐ B. EPA CONTRACTOR ☒ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: _____ (Specify)
CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)	03 YEARS OF OPERATION
☐ A. ACTIVE ☒ B. INACTIVE ☐ C. UNKNOWN	_____ (BEGINNING YEAR) _____ (ENDING YEAR) ☒ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
Wastes produced in the manufacture of photoresist and printing plates include organics, solvents, phenolic resins and diazo compounds.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
Underground tanks used to store wastes could have leaked and contaminated ground water and soil in the area. There is also a potential for discharge from the company to have contaminated Central Branch Salt Brook.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☒ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☐ D. NONE (No further action needed; complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)	03 TELEPHONE NUMBER
Robert Hayton	NJDEP/HWM/BSA	609)633-2219

04 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
Robert K. Beresky	NJDEP	HWM/BSA	(609) 633-2215	8 / 11 / 86 (MONTH DAY YEAR)

EPA FORM 2070-12 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID
- ☐ B. POWDER, FINES
- ☐ C. SLUDGE
- ☐ D. OTHER _____ (Specify)
- ☐ E. SLURRY
- ☒ F. LIQUID
- ☐ G. GAS

02 WASTE QUANTITY AT SITE
(Measures of waste quantities must be independent)

TONS _____
CUBIC YARDS _____
NO. OF DRUMS _____

03 WASTE CHARACTERISTICS (Check all that apply)

- ☒ A. TOXIC
- ☐ B. CORROSIVE
- ☐ C. RADIOACTIVE
- ☐ D. PERSISTENT
- ☐ E. SOLUBLE
- ☐ F. INFECTIOUS
- ☐ G. FLAMMABLE
- ☐ H. IGNITABLE
- ☐ I. HIGHLY VOLATILE
- ☐ J. EXPLOSIVE
- ☐ K. REACTIVE
- ☐ L. INCOMPATIBLE
- ☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	unknown		
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS	unknown		
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	Phenolic Resins	108-95-2			
OCC	Diazo Compounds	999			

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA FORM 2070-13 (7-81)

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE | 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 [X] A. GROUNDWATER CONTAMINATION
02 [ ] OBSERVED (DATE _____) [X] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

A potential for ground water in the area to be contaminated exists because Technical Information Systems used unerground tanks to store wastes.

Attachment A

01 [ ] B. SURFACE WATER CONTAMINATION
02 [ ] OBSERVED (DATE _____) [ ] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

A potential for surface water contamination exists because the company discharged non-contact cooling water into Central Branch Salt Creek on site.

Attachment B

01 [ ] C. CONTAMINATION OF AIR
02 [ ] OBSERVED (DATE _____) [ ] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

01 [ ] D. FIRE/EXPLOSIVE CONDITIONS
02 [ ] OBSERVED (DATE _____) [ ] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

01 [X] E. DIRECT CONTACT
02 [ ] OBSERVED (DATE _____) [X] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

01 [X] F. CONTAMINATION OF SOIL
02 [ ] OBSERVED (DATE _____) [X] POTENTIAL [ ] ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres)
04 NARRATIVE DESCRIPTION

Soil could be potentially contaminated from wastes leaking from underground storage tanks on site.

Attachment A

01 [X] G. DRINKING WATER CONTAMINATION
02 [ ] OBSERVED (DATE _____) [X] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

Ground water in the area is used for drinking and can be potentially contaminated by leaking underground tanks.

Attachment A & C

01 [ ] H. WORKER EXPOSURE/INJURY
02 [ ] OBSERVED (DATE _____) [ ] POTENTIAL [ ] ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

01 [X] I. POPULATION EXPOSURE/INJURY
02 [ ] OBSERVED (DATE _____) [X] POTENTIAL [ ] ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____
04 NARRATIVE DESCRIPTION

The use of contaminated groundwater or surface water could lead to population exposure or injury.

Attachment A & B

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE | 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 [ ] J. DAMAGE TO FLORA — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 [X] K. DAMAGE TO FAUNA — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

Damage to aquatic organisms in Central Branch Salt Brook could potentially occur because of discharge from the company. Attachment B

01 [ ] L. CONTAMINATION OF FOOD CHAIN — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 [X] M. UNSTABLE CONTAINMENT OF WASTES — 02 ☐ OBSERVED (DATE: _____) [X] POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Wastes in underground storage tanks could leak and potentially contaminate soil and underground water. Attachment A

01 [ ] N. DAMAGE TO OFFSITE PROPERTY — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 [ ] O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

01 [ ] P. ILLEGAL/UNAUTHORIZED DUMPING — 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
04 NARRATIVE DESCRIPTION

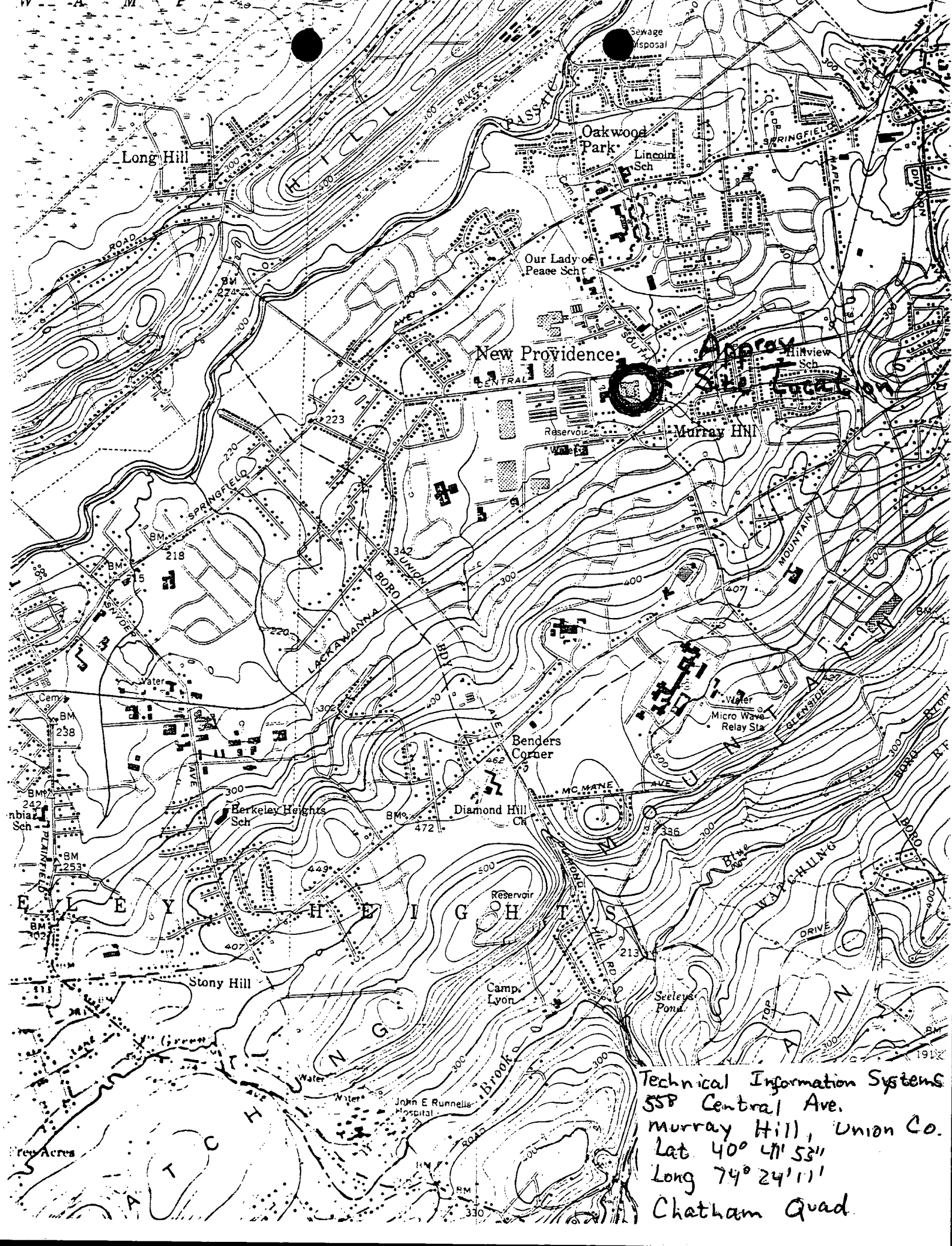
05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION

Att A - Division of Hazardous Waste Management/ Bureau of Site Assessment
Att B - Division of Water Resources/Central Files.
Att C - Division of Water Resources/Well Allocations


Sewage Disposal
Oakwood Park
Lincoln Sch
Long Hill
Our Lady of Peace Sch
New Providence
Murray Hill
Hillview Sch
Reservoir
Water
Benders Corner
Micro Wave Relay Sta
Berkeley Heights Sch
Diamond Hill Ch
Reservoir
Stony Hill
Camp Lyon
Seeleys Pond
John E Runnells Hospital
Brook
Murray Hill Site Location
Technical Information Systems
558 Central Ave.
Murray Hill, Union Co.
Lat 40° 41' 53"
Long 74° 24' 11"
Chatham Quad

EPA Notification of Hazardous Waste Site

United States
Environmental Protection
Agency
Washington DC 20460

NJS 000 00/ 08

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

8/0603

• 8 JUN 1981

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name TECHNICAL INFORMATION SYSTEMS DIV. ~~Azoplate~~, Div. of American Hoechst Corp.

Street 50 Meister Avenue

City Somerville State NJ Zip Code 08876

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site TECH.NICAL INFO. SYS. DIV. ~~Azoplate,~~ Div. of American Hoechst Corp.

Street 558 Central Avenue (New Providence)

City Murray Hill County Union State NJ Zip Code 07974

NJD056705429

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Brubaker, Arnold R.

Phone Mgr., Environmental Services (201) 685-2046

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year) 1964 To (Year) 1975

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☒ Organics
2. ☐ Inorganics
3. ☒ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☒ Other (Specify) (Phenolic Resins, Diazo Compounds.) 300

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify) (Printing Plate, Photoresist Manufacture) 400

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

Form Approved
OMB No. 2000-0138

EPA Form 8900-1

Attachment A-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☒ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons 7000 G

Total Facility Area

square feet 234 S

acres _____

G Known, Suspected or Likely Releases to the Environment:

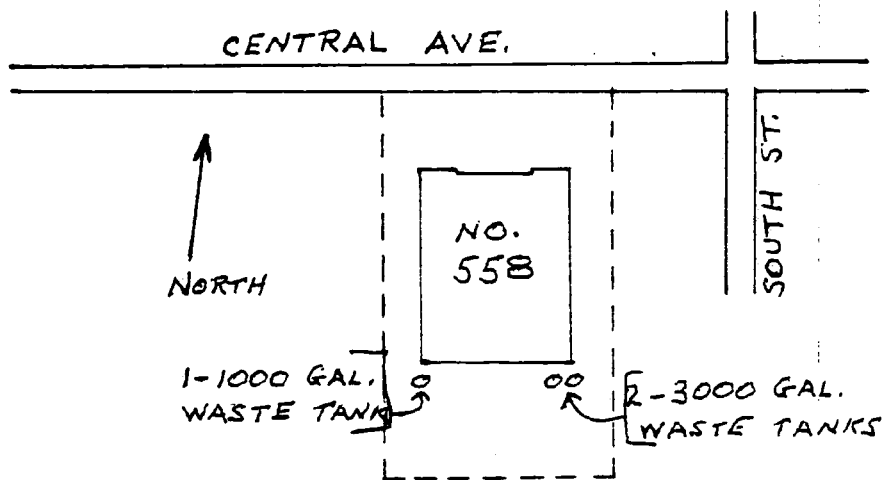
Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.



I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

(There are three underground waste solvent tanks adjacent to the existing building; 2-3,000 gal. tanks at the southeast corner and 1-1,000 gal. tank at the southwest corner. Tanks were used to collect waste solvent which was periodically removed by a licensed waste disposal company. Tanks now contain waste non-chlorinated organic solvent, phenolic resins, some diazo compounds and water. We will dispose of this waste in accordance with regulations. There is a well on the property, a small stream and some housing adjacent to the property.)

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name ARNOLD R. BRUBAKER, MGR

Street _____

City _____ State _____ Zip Code _____

Signature A R Brubaker Date 2 June 1981

☒ Owner, Present
☐ Owner, Past
☐ Transporter
☐ Operator, Present
☐ Operator, Past
☐ Other

NPDES PERMIT NO. NJ 0003140

AUTHORIZATION TO DISCHARGE UNDER THE
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

By authority of Charles Warren, Regional Administrator, Region II, U. S. Environmental Protection Agency ("EPA"), and in compliance with the provisions of the Clean Water Act, as amended, 33 U.S.C. §1251 et seq. (the "Act"),

Azoplate Corporation

hereinafter referred to as "the Permittee" is authorized to discharge from a facility located at

558 Central Avenue
Murray Hill, New Jersey

to receiving waters named

Central Branch Salt Brook

in accordance with effluent limitations, monitoring requirements and other conditions set forth in Parts I, II, and III hereof.

This permit shall become effective on September 30, 1980.

This permit and the authorization to discharge shall expire at midnight, September 30, 1985.

Signed this 25 day of August, 1980

JULIO MORALES-SANCHEZ
DIRECTOR
ENFORCEMENT DIVISION

Attachment B-1

A. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning September 30, 1980 and lasting through September 30, 1985 the permittee is authorized to discharge from outfall(s) serial number(s) 001.

Such discharges shall be limited and monitored by the permittee as specified below:

Effluent Characteristic	Gross Discharge Limitations				Monitoring Requirements	
	kgs/day(lbs/day)		other units(specified)		Measurement Frequency	Sample Type
	Avg.Monthly	Max.Daily	Avg.Monthly	Max.Daily		
Flow-m^3/Day (MGD)	N/A	N/A	N/A	N/A	Quarterly	Grab
Chemical Oxygen Demand*	N/A	N/A	N/A	50 mg/l	Quarterly	Grab
Petroleum Hydrocarbons	N/A	N/A	N/A	10 mg/l	Twice Yearly	Grab
Total Suspended Solids**	N/A	N/A	N/A	N/A	Quarterly	Grab
Temperature oC (oF)	N/A	N/A	N/A	30 (86)	Quarterly	Grab
Chromium***	N/A	N/A	N/A	.5 mg/l	Quarterly	Grab
Zinc***	N/A	N/A	N/A	1.0 mg/l	Quarterly	Grab
Copper***	N/A	N/A	N/A	1.0 mg/l	Quarterly	Grab

The pH shall not be less than 6.0 standard units nor greater than 9.0 standard units and shall be monitored quarterly. The sample type for this parameter shall be grab.

There shall be no discharge of floating solids or visible foam in other than trace amounts.

Samples taken in compliance with the monitoring requirements specified above shall be taken at the following location(s): At the outfall(s) of discharge serial number(s) 001.

*Upon written request from the permittee this limit may be changed to 20 mg/l of Total Organic Carbon.
**Additional limitations may be imposed after receipt of monitoring data.
***Monitoring for this parameter is not required unless a corrosion inhibitor containing this metal is used for water treatment purposes.

25-24 2928

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-10,530
Application No. _____
County _____

WELL RECORD

1. OWNER New Providence Community Pool ADDRESS Springfield Ave New Providence
Owner's Well No. 1 SURFACE ELEVATION _____ Feet (Above mean sea level)
2. LOCATION Opposite side of Driveway from Filter Room Door
3. DATE COMPLETED 11-16-62 DRILLER Giles Jewett
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 300 Feet
5. CASING: Type Steel Diameter 6 inches Length 78 Feet
6. SCREEN: Type — Size of Opening — Diameter — Inches Length — Feet
Range in Depth { Top — Feet / Bottom — Feet
Geologic Formation Clay & Silt to Rock at 72 ft Red Shale to 300 ft
Tail piece: Diameter — Inches Length — Feet
7. WELL FLOWS NATURALLY — Gallons per Minute at — Feet above surface
Water rises to — Feet above surface
8. RECORD OF TEST: Date 9-30-62 Yield 45 Gallons per minute
Static water level before pumping 18 Feet below surface
Pumping level 27 feet below surface after 8 hours pumping
Drawdown 9 Feet Specific Capacity — Gals. per min. per ft. of drawdown
How Pumped Well Rig How measured 55 Gal Drum
Observed effect on nearby wells —
9. PERMANENT PUMPING EQUIPMENT:
Type Submersible Mfrs. Name Fairbanks Morse
Capacity 45 G.P.M. How Driven Elec H.P. 3 R.P.M. 3480
Depth of Pump in well 105 Feet Depth of Footpiece in well — Feet
Depth of Air Line in well — Feet Type of Meter on Pump — Size — Inches
10. USED FOR Pool & Domestic AMOUNT { Average — Gallons Daily / Maximum — Gallons Daily
11. QUALITY OF WATER Good Sample: Yes — No. —
Taste Good Odor None Color Clear Temp. — °F
12. LOG — Are samples available? —
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Driller
14. DATA OBTAINED BY Henry A Keffler Date 12-26-62

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, Attachment C-1
Analysis of the water obtained)

25-24-533.7 26-24-533 ☐

FORM 87 -

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. [illegible]
Application No. _____
County _____

WELL RECORD

1. OWNER Azoplate Corporation ADDRESS Central Ave. New Providence, N.J.
Owner's Well No. 1 SURFACE ELEVATION _____ Feet (Above mean sea level)

2. LOCATION New Providence, Union Co. N.J.

3. DATE COMPLETED July 11,1962 DRILLER Wm. Stothoff Co. Inc.

4. DIAMETER: top 8 Inches Bottom 8 Inches TOTAL DEPTH 310 Feet

5. CASING: Type drive pipe Diameter 8 inches Length 46 Feet

6. SCREEN: Type _____ Size of Opening ___ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet / Bottom _____ Feet Geologic Formation _____
Tail piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface

8. RECORD OF TEST: Date July 11,1962 Yield 128 Gallons per minute
Static water level before pumping 30 Feet below surface
Pumping level 187 feet below surface after 8 hours pumping
Drawdown 157 Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine pump How measured orifice
Observed effect on nearby wells ?

9. PERMANENT PUMPING EQUIPMENT:
Type ? Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well ____ Feet Type of Meter on Pump _____ Size ___ Inches

10. USED FOR Industrial AMOUNT { Average _____ Gallons Daily / Maximum _____ Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes ____ No. ____
Taste none Odor none Color clear Temp. 54 °F

12. LOG see other side Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)

13. SOURCE OF DATA Well Statement.

14. DATA OBTAINED BY H.J.Stothoff Date July 18,1962

E-2

ADM-012

NPDES

NEW JERSEY STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

MEMO

TO Charles L. Maack (CLM), Principal Environmental Engineer, Region II

FROM Linda Zaninelli, Engineering Aide II, LZ, Region II DATE JUL 13 1981

SUBJECT Azoplate - Division of American Hoechst Corporation - NPDES Permit No. NJ0003140

On June 17, 1981, the writer made a compliance monitoring inspection of the above mentioned facility. Inspection revealed that manufacturing had stopped, and Azoplate in Murray Hill is in the process of phasing out altogether and moving to the Branchburg plant in Somerset County.

Further discussion on June 18, 1981, with Mr. William Jones, Process Controller who was transferred to the Branchburg plant, confirmed that manufacturing had stopped on June 5, 1981, thereby discontinuing their 001 discharge of non-contact cooling water.

Mr. Jones said that both USEPA Region II, and DEP were notified.

A42:G9

cc: Joseph Miller, Region IV

Attachment D-1

DIVISION OF AMERICAN HOECHST CORPORATION

50 MEISTER AVENUE, SOMERVILLE, NEW JERSEY 08876

TELEPHONE (201) 685-2000
MY DIRECT DIAL NUMBER IS 685-2046

U. S. Environmental Protection Agency
Hazardous Waste Site Branch
26 Federal Plaza
New York, NY 10278

Attn: Mr. John Frisco

Dear Mr. Frisco:

We forwarded EPA Form 8900-1, Notification of Hazardous Waste Site, reporting the existence of 3 waste solvent tanks at our Murray Hill location. These tanks have not been used for several years, and will be removed and discarded soon.

This is to advise you that the Azoplate Division of American Hoechst Corporation listed as the owner of these tanks has recently changed its name to the Technical Information Systems Division. You may want to change the name listed on the EPA Form 8900-1 submitted to avoid confusion.

We will notify you as soon as these tanks are disposed of so that our Murray Hill site can be removed from your inventory.

Sincerely yours,

A. R. Brubaker
Manager, Environmental Services

ap

Enclosure

cc: CTF

Attachment E-1

Technical Engineering Systems
AEA Associates
553 Central Ave

PRELIMINARY ASSESSMENT FILE SEARCH
Murray Hill, Union Co.

NJDEP

DIVISION OF WATER RESOURCES:

A. Enforcement _____

B. Groundwater - No Files

C. Other Central Files - Yes

DIVISION OF WASTE MANAGEMENT:

A. HSMA Army USA - yes
- Engineers - No Files

B. Enforcement Metro Region - No Files

C. Solid Waste _____

ENVIRONMENTAL QUALITY:

A. Air Pollution _____

B. Pesticides _____

C. Other _____

DIVISION OF FISH AND GAME:

_____

OFFICE OF SCIENCE AND RESEARCH:

A. Industrial Survey _____

B. Other _____

N.J. DEPARTMENT OF HEALTH:

_____

LOCAL AUTHORITIES:

A. Health Department No Files

B. Town or County Clerk _____

UNITED STATES GOVERNMENT:

A. EPA _____

B. Other _____